

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074788

Entity Name: MEDX CORPORATION

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

285 W CENTRAL PARKWAY
STE 1726
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

285 W CENTRAL PARKWAY
STE 1726
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

185 S. WESTMONTE DR.
SUITE 1206
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

185 S. WESTMONTE DR.
SUITE 1206
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3011296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE STE 1500
ORLANDO, FL 33803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DETTMERS, MICHAEL V
Address: 285 W CENTRAL PARKWAY STE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: FLEMING, DAVID M
Address: 285 W CENTRAL PARKWAY STE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DETTMERS, MICHAEL V
Address: 185 S. WESTMONTE DR., SUITE 1206
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Change () Addition
Name: FLEMING, DAVID M
Address: 185 S. WESTMONTE DR., SUITE 1206
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FLEMING

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date